

Office of Vermont Health Access Update on Vermont Child Poverty Council Recommendations

Executive Summary

The Vermont Child Poverty Council was created by Act 68 of the 2007 session of the General Assembly. The Office of Vermont Health Access (OVHA) is periodically requested by the Council to submit updates on its initiatives to improve children's access to quality physical, dental, and mental health care, especially for hard-to-access services. The OVHA and the Council share the goal of ensuring children and families have access to quality physical and mental health care that supports and sustains their well-being, regardless of income.

As the Managed Care entity for Vermont Medicaid, the OVHA employs various methods to evaluate access and quality of care standards relative to internal and external benchmarks, as summarized below. Also summarized are key initiatives underway to improve access to quality physical, dental, and mental health care services for children, especially in light of findings that an increasing number of health care providers are not accepting families with Medicaid or Dr. Dynasaur.

Primary Care

The OVHA tracks provider enrollment and participation in Medicaid through its *Provider Network Mapping*. The most recent findings indicate 62% of primary care physicians are enrolled in Medicaid, a seven percentage point decline from SFY 2007 and 2008. However, during this same period the percentage of enrolled primary care physicians accepting new patients increased two percentage points to 67%. The OVHA is concerned about the decline in physician enrollment; nevertheless, most if not all Vermont pediatric practices serve children enrolled in Medicaid.

In addition to provider mapping, the OVHA uses HEDIS measures and consumer experience of care surveys to monitor access. The 2008 HEDIS measures indicated over 90% of children had access to a primary care provider; similarly, the 2009 consumer experience of care survey indicated 82% of participants reported they always or usually got care as soon as they thought they needed it.

Programs/Interventions:

- i. The *Vermont Youth Health Improvement Initiative (YHII)* is a collaborative project among the OVHA, the Vermont Child Health Improvement Program (VCHIP), the University of Vermont College of Medicine, the Vermont Department of Health, and Banking, Insurance, Securities, and Healthcare Administration (BISHCA), as well as the commercial insurers MVP Healthcare, Blue Cross Blue Shield of Vermont and the Vermont Health Plan. The goals of this initiative are to improve youth health care by measuring and improving preventive services delivered in primary care practices to all youth, including those with Medicaid, and to enhance access to mental health and substance abuse treatment services, when indicated.
- ii. To achieve its goals, the YHII uses an office-based education and support model of intervention. Last year, twenty-one primary care practices received office-based training on one of the following five adolescent health topics: Teen Safe Driving; Physical

Activity and Nutrition Screening; Sexual Behavior Screening; Substance Abuse Screening, and; Mental Health Screening. Trainings and other support are offered to practices interested in undertaking a quality improvement activity.

- iii. *Developmental Screening Project.* Developmental delays and conditions affect 10% of children, with detection rates approximately 50% of prevalence rates; consequently, early developmental delays are often not identified until after the period in which early intervention is most effective. Although research indicates less than 30% of delays are detected through observation, many primary care providers rely on informal developmental milestones and/or observation to monitor a child's development. While detection rates increase with the use of a standardized assessment instrument, national data indicate a low percentage of physicians use one.

To increase the use of a standardized screening instrument and improve detection rates, the OVHA began January 1, 2009 to allow providers to bill for a well child visit and a developmental screening on the same day, provided a standardized screening instrument is used. The OVHA, VDH and the Vermont Child Health Improvement Program (VCHIP) are collaborating to assist with implementation. VCHIP is assessing current surveillance and developmental screening practices and will develop a 'preferred' list of standardized screening instruments. In addition, they will provide support to practices to improve developmental screening over the next two years.

- iv. *Children's Integrated Services.* The AHS Department for Children and Families Child Development Division (CDD) has a Children's Integrated Services (CIS) initiative. CDD is working with local CIS multidisciplinary teams and statewide groups to implement a referral, intake and triage system to assist young children and families in accessing services to promote healthy development. The CDD work with local CIS teams and the VCHIP developmental screening initiative are complementary and coordinated efforts to improve services for children through earlier detection and linkages with available resources.

Dental Care

The most recent provider mapping indicates 77% of dentists are enrolled in Medicaid, a decline of 12 percentage points from SFY 2007 to SFY 2008. The percentage of dentists accepting new patients remained the same.

OVHA calculated its first HEDIS measures on dental access for children in 2008. These measures revealed that 65% of children accessed dental care, a finding well above the NCQA Medicaid average which is 57%.

Programs/Interventions:

In late 2007 and early 2008, the OVHA and the Vermont Department of Health (VDH) began to jointly implement 12 targeted initiatives for improving oral health and oral health/dental access for all Vermonters. Some key ongoing initiatives to expand dental/oral health access are highlighted below:

- i. *Dental Hygienists in VDH District Offices.* A pilot project was implemented to begin placing part-time dental hygienists in each of Vermont's 12 District Health Offices. Although the project has been slowed by budget constraints, one half-time dental

hygienist is located in the Newport, Vermont District Office; this model can be expanded as more funds become available.

- ii. *Dental Homes for Children.* In early 2008, the OVHA implemented the capability to select/assign a primary dentist for a child, allowing for the same continuity of dental care as for medical care through assigning one PCP. Most new enrollees select a dental home, and more than 16,000 enrolling children have selected or been assigned a dental home. Dental home assignments are within a 30 minute drive of a child's residence.

Mental Health

The most recent provider mapping indicates that, while the percentage of enrolled psychiatrists accepting new Medicaid patients increased by 2 percentage points from SFY 2007 to SFY 2008, the percentage of psychiatrists enrolled in Medicaid declined by six percentage points to 69%. However, Vermont has a large number of ancillary licensed mental health providers, including psychologists and licensed clinical social workers.

Programs/Interventions:

- i. *Youth Health Summit.* At the YHII's first Youth Health Summit in March, 2009, James Hudziak, MD, Professor of Psychiatry, Medicine, and Pediatrics at the University of Vermont and Director of the Vermont Center for Children, Youth, and Families provided the keynote address "Kicking It up a Notch: How to Provide Best Anticipatory Guidance to Foster Resiliency."
- ii. *Department of Mental Health (DMH) Psychiatric Consultation Services with Pediatricians.* DMH, in partnership with the Vermont Department of Health (VDH), is making child psychiatrists available to seven pediatric practices for consultation; services to practices may focus on individual cases or more general group training on mental health topics.
- iii. *Early Childhood Mental Health Services.* Community-based regional partnerships that develop ways to provide community-based behavioral health treatment, consultation and training for the early care and education of children and parents. Goals are to reduce the number of children that enter kindergarten without necessary emotional and social skills.
- iv. *Community Mental Health Workers* in pediatric primary care offices. DMH and VDH have co-located two mental health workers in primary care offices that serve large numbers of Medicaid children. The purpose is to provide consultation and case management to staff, parents and children at the primary care practice site.
- v. *DMH has a Federal grant to develop a system of mental health care* for young adults aged 16-21 who are transitioning to adulthood. Goals include increased access to mental health and substance abuse services.
- vi. *DMH has a Federal suicide prevention grant* to increase public awareness of the warning signs of suicide risk and to develop gate-keeping strategies in schools, primary care practices, and law enforcement.

- vii. *DMH has a Federal child trauma grant to develop a service system with the training to provide trauma-specific services statewide for children and their families.*

Conclusion

In summary, a small decline in the percentage of providers enrolled in Medicaid occurred from SFY 2007 to SFY 2008; this was true for primary care, dental, and mental health care providers. However, rates for Medicaid enrolled providers accepting new patients increased or remained stable for all three groups. HEDIS measures and consumer experience of care surveys indicate high levels of access to medical services and favorable perceptions regarding receiving care when it is needed; HEDIS scores on access to dental care substantially exceed the national Medicaid average.

OVHA and its partners have a broad array of initiatives underway to improve access to medical, dental, and mental health care services for children enrolled in the Medicaid program. These initiatives include a variety of interventions, including provider education, increased use of standardized tools for early detection, and strengthening linkages with community resources and services.

The OVHA recognizes its ever increasing responsibility for financing the delivery of health care to Vermont's most vulnerable populations and will continue to aggressively evaluate access and quality standards in these populations. As opportunities are identified to improve access and quality, the OVHA will continue to employ creative strategies to achieve both the Council's and the OVHA's goals of increasing access to primary and preventive services that improve health outcomes while controlling costs.